

APN# 1320-36-002-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:  
Name: Michael D. Oxley, Trustee  
Address: 1867 Borda Way  
City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:  
Name: Michael D. Oxley, Trustee  
Address: 1867 Borda Way  
City/State/Zip: Gardnerville, NV 89410

Affidavit- Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

*Michael Oxley*  
Signature  
Michael D. Oxley  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

Recording requested by:

Michael D. Oxley

And when recorded, mail to:

Michael D. Oxley  
1867 Borda Way  
Gardnerville, NV 89410

APN:

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

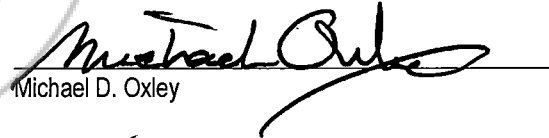
State of Nevada )  
 ) ss.  
County of Douglas )

Michael D. Oxley, of legal age, being first duly sworn, deposes and says:

1. \_Geraldine Anne Enos, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Geraldine A. Enos named as Trustee in the Declaration of Trust dated December 30, 1993, and executed by Geraldine A. Enos as Settlor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1867 Borda Way, Gardnerville, NV 89410, which property is described in a Deed which was executed by Geraldine A. Enos as Grantor on February 10, 2017, and recorded as Instrument No. 2017-894596, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

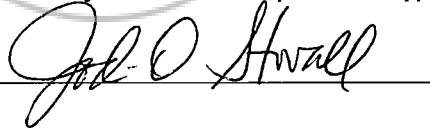
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

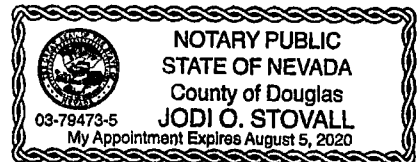
Dated 2017-06-12

  
Michael D. Oxley

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 12<sup>th</sup> day of June, 2017, by Michael D. Oxley, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



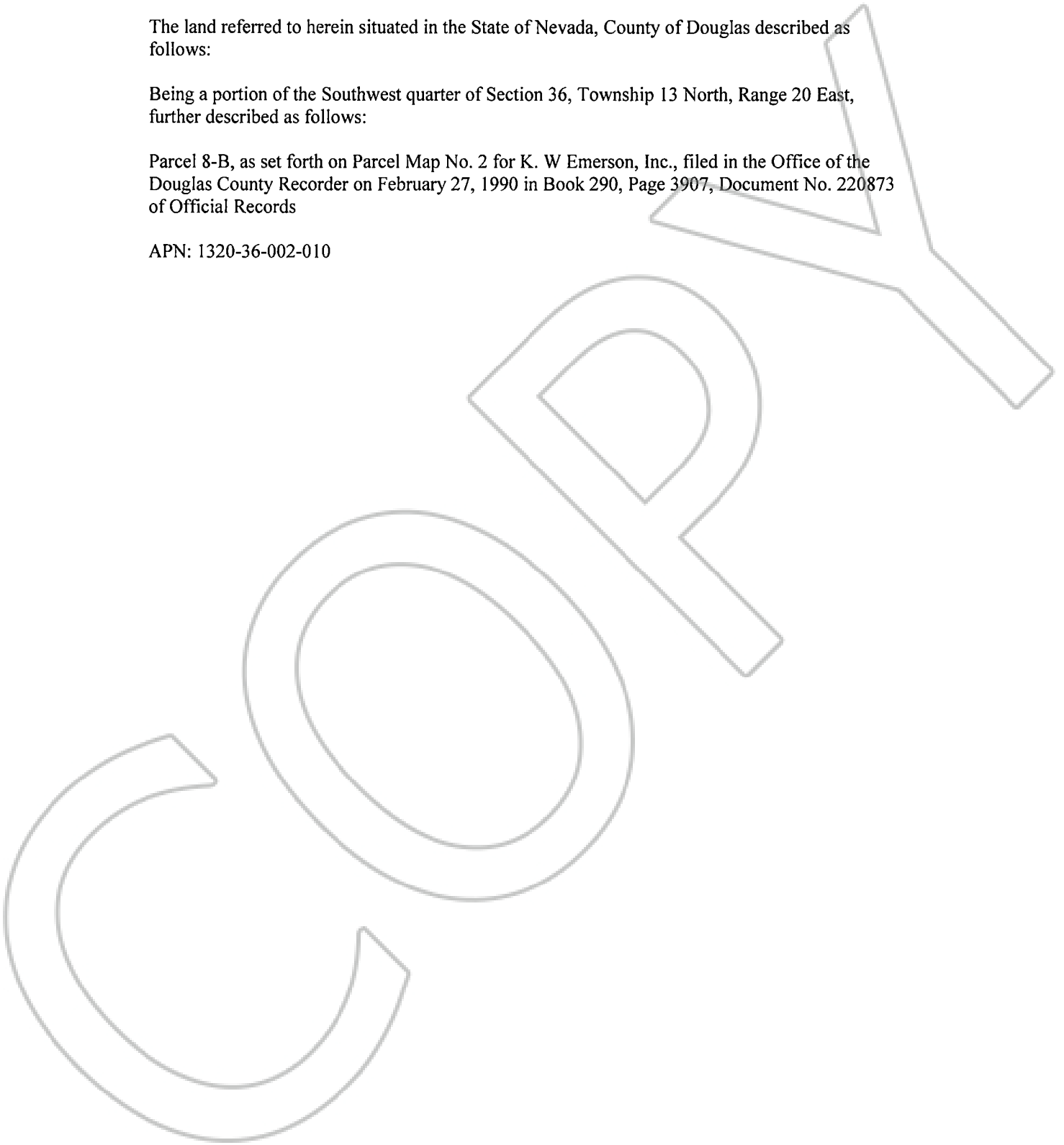
**EXHIBIT "A"**

The land referred to herein situated in the State of Nevada, County of Douglas described as follows:

Being a portion of the Southwest quarter of Section 36, Township 13 North, Range 20 East, further described as follows:

Parcel 8-B, as set forth on Parcel Map No. 2 for K. W Emerson, Inc., filed in the Office of the Douglas County Recorder on February 27, 1990 in Book 290, Page 3907, Document No. 220873 of Official Records

APN: 1320-36-002-010



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 3959284

**2017010088**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Geraldine Anne ENOS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 26, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) <b>1867 Borda Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 16, 1941</b>		9a. STATE OF BIRTH (If not US/GA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████-3505</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Payroll</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1867 Borda Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernest ENOS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Agnes MARKS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michael OXLEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1867 Borda Way Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) <b>STEVEN L PHILLIPS MD</b>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>May 31, 2017</b>		21c. HOUR OF DEATH <b>10:16</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven L Phillips MD 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6596</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 01, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Lung Cancer With Metastatic Disease</b>		Interval between onset and death <b>Months</b>			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000676083



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**JUN 05 2017**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*Cody Phillips*  
STATE REGISTRAR

VR8-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE